

**INTEGRATED MEDICAL GROUP, P.C.  
GASTROENTEROLOGY / HEPATOLOGY**

48 TUNNEL ROAD, SUITE 104, POTTSVILLE, PA 17901  
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PATIENT: Gi House Acct

DOB: 10/15/2009

Date of Procedure: 00/00/0000

**MIRALAX PREP (238gm) and 4 Dulcolax Tablets**  
**Both items can be purchased over the counter without a prescription**

**ASPIRIN OR COUMADIN DIRECTIONS ARE AS FOLLOWS:**

1. Stop Coumadin 3 days prior to your colonoscopy.
2. Stop Plavix 5 days prior to your colonoscopy.
3. Stop Aspirin 7 days prior to your colonoscopy.
4. If you take both Plavix and Aspirin stop the Plavix 5 days prior but continue your Aspirin.
5. **PLEASE VERIFY THE STOPPING OF ANY OF THESE MEDICATIONS WITH YOUR PCP/CARDIOLOGIST.**

**DAY BEFORE YOUR PROCEDURE:**

1. Drink only **CLEAR LIQUIDS** the **ENTIRE DAY**.
2. **SAMPLES OF CLEAR LIQUIDS:**  
Strained Orange Juice, Broth, Coffee, Clear Grape Juice, Kool-Aid, Apple Juice, Tea, Water, Gatorade, Vanilla Ensure, Lemonade, Soda and Jello.
3. **NO MILK, MILK PRODUCTS OR ANY RED FLUIDS.**
4. **YOU CAN NOT HAVE ANY SOLID FOODS.**
5. At **4:00 pm** take 4 Dulcolax Tablets.
6. At **4:00 pm** take 7 capfuls of the Miralax and mix it with 32 oz. of Gatorade and drink it over 2 hours.
7. At **8:00 P.M.** take 7 capfuls of the Miralax and mix it with 32 oz. of Gatorade and drink it over 2 hours.
8. **ONCE YOU ARE DONE WITH THE PREP, YOU MAY DRINK CLEAR LIQUIDS UP UNTIL MIDNIGHT.**
9. **The Schuylkill Endoscopy Center** will call you in the afternoon the day before your procedure with your time. **IF YOU NEED TO CANCEL YOUR PROCEDURE AFTER 5 P.M. THE DAY BEFORE, PLEASE CALL (570) 622-6520 AND LEAVE A MESSAGE. IF YOU DON'T RECEIVE YOUR TIME BY 3 PM PLEASE CALL OUR OFFICE AT 570-622-5555.**
10. If you are scheduled at **The Schuylkill Medical Out Patient Center**, you need to call our office after 2 P.M. for your scheduled time.

**\* YOU MUST REMOVE ANY PIERCING'S FROM YOUR FACE AND/OR TONGUE.**

**DAY OF THE PROCEDURE:**

1. **DO NOT EAT OR DRINK ANYTHING IN THE MORNING.**
2. **TAKE ONLY NECESSARY MEDICATIONS (HEART or BLOOD PRESSURE) WITH A SIP OF WATER.**
3. **DO NOT TAKE INSULIN OR BLOOD SUGAR MEDICATIONS THE MORNING OF THE TEST.**
4. **YOU MUST TAKE YOUR INSURANCE CARDS WITH YOU.**
5. **SOMEONE MUST ACCOMPANY YOU TO AND FROM THE CENTER SINCE YOU WILL NOT BE PERMITTED TO DRIVE HOME.**

**FACILITIES:**

1.  **SCHUYLKILL ENDOSCOPY CENTER - SUITE 103 Evergreen Professional Suites Bld**
2.  **SCHUYLKILL MEDICAL CENTER OUT PATIENT CENTER-Macuh Chunk St. OFF ROUTE 61**

\*\*\*\*\*IF YOU ARE USING OUR PATIENT PORTAL AND YOU VIEW THE APPOINTMENT, PLEASE

BE ADVISED THAT THE TIME LISTED **IS NOT** YOUR SCHEDULED TIME. THE TIME WILL COME FROM THE FACILITY 1 BUSINESS DAY PRIOR TO THE PROCEDURE. THESE SLOTS ARE THERE JUST TO SOW YOU ARE SCHEDULED FOR THAT SPECIFIC DAY.\*\*\*\*\*

Patient Signature: January 5, 2017